

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ 0	(X3) DATE SURVEY COMPLETED C 09/23/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE HOFFMAN ESTS GOLF RD		STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Incident Report Investigation IRI of September 3, 2015 - No findings Complaint investigation 1594349/IL79317: 330.710a), 330.720b), 330.790a), 330.790c)1) and 330.4240a)	S 000		
S9999	Final Observations Statement of Licensure Violations 330.710a) 330.720b) 330.4240a) Section 330.710 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.720 b) Admission and Discharge Policies - No resident determined by professional evaluation to be in need of nursing care shall be admitted to or kept in a sheltered care facility. Neither shall any such resident be kept in a distinct part designated and classified for sheltered care. Section 330.4240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) (A, B)	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>This Requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow their policy for admission/discharge criteria and continued to house residents in the sheltered care area who had been assessed by the facility to require a higher level of nursing care.</p> <p>This applies to 3 of 4 residents (R1,R3, R4) reviewed for ADL's (activities of daily living) and pressure ulcers in the sample of 4.</p> <p>The findings include:</p> <p>1.) On September 21, 2015 at 1:22 PM, during initial tour of the facility, R3 was laying in bed. A mechanical lift was present in R3's room. E5 said, "We use the mechanical lift for R3, to get him in and out of bed, and place him in a high-back, reclining wheelchair. R3 is unable to get in and out of bed without the use of the mechanical lift. R3 has a facility-acquired pressure ulcer on his coccyx that is cared for by hospice."</p> <p>On September 22, 2015 at 8:25 AM, E6 (RA-Resident Assistant) and E7 (RA) transferred R3 from the bed to the high-back reclining wheelchair using a mechanical lift. E6 said R3 cannot transfer without the use of the mechanical lift and also cannot make any position changes while in bed or in the chair. "He requires our assistance with all of his care, including transferring, turning, bathing, dressing and feeding."</p> <p>On September 22, 2015 at 12:05 PM, E2</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>(RN-Registered Nurse/Health and Wellness Director) said, "When R3 first came here, he was able to be transferred without the use of a mechanical lift, and did not need as much assistance with eating. He has declined significantly. He is now unable to get out of bed by himself. R3's spouse does not want to move him to a nursing home, she wants to keep him here."</p> <p>On September 23, 2015 at 12:32 PM, E6 and E7 transferred R3 from the high-back reclining wheelchair back to bed, using the mechanical lift. E6 and E7 provided incontinence care to R3. Upon turning R3 to his right side, a dressing was observed adhered to R3's coccyx area. A portion of the dressing was peeling away from R3's skin and a stage 2 pressure ulcer was visible under the dressing, on R3's coccyx. Two reddened areas were also visible on R3's right and left gluteal folds. E6 said the redness was "probably caused by the sling used with the mechanical lift."</p> <p>On September 22, 2015 at 12:10 PM, R3 was in the dining room, seated in the high-back reclining wheelchair, being fed pureed food for lunch by E6 (RA). R3 was unable feed himself.</p> <p>On September 23, 2015 at 8:30 AM, R3 was in the dining room, being fed a pureed breakfast by E9 (RA). R3 was unable to feed himself.</p> <p>The facility's POS (physician's order sheet) dated September 1, 2015 for R3 shows diagnoses that include: dementia, arthritis, incontinence, aggressive frontal lobe aphasia, pacemaker, and atrial fibrillation.</p> <p>R3's resident care plan dated June 4, 2015, shows R3 is "totally confused, is rarely or never</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE HOFFMAN ESTS GOLF RD

2150 WEST GOLF ROAD
HOFFMAN ESTATES, IL 60194

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Continued From page 3

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understood, is severely impaired: never or rarely makes decisions, requires assistance for mobility to and from meals, activities, and/or common areas, requires physical assistance with brushing teeth/dentures, brushing hair, washing hands and face, shaving, requires assistance with continence needs, uses mechanical lift and requires assistance to evacuate."

The facility's bi-annual level of care assessment dated June 4, 2015 for R3 shows: "Cognition Information - totally confused, is rarely or never understood, few words at times. Decision making information - severely impaired: never or rarely makes decisions. Dressing/self performance information - total dependence/non participation with dressing/self performance. Transfer - requires two-person physical assist with transfers. Uses mechanical lift. Assistive/Adaptive devices - uses high-back reclining wheelchair.

2.) On September 22, 2015 at 12:00 PM, R4 was seated in a high-back reclining wheelchair, and was being fed a mechanically altered lunch by E6 (RA). R4 appeared lethargic and was unable to feed himself.

On September 22, 2015 at 12:48 PM, E6 (RA) and E8 (RA) used a mechanical lift to transfer R4 from the high-back wheelchair to the bed. E6 said "R4 does not talk, and he does not help with his care. He cannot feed himself, or dress himself, or bathe himself. He is bedridden if we don't get him up. He cannot get in and out of bed without our help." Once R4 was placed in bed, E6 and E8 provided incontinence care to R4, by removing the incontinence brief and cleaning the genital area as well as R4's buttocks. R4 was observed to urinate during the incontinence care episode. An area of excoriation was seen on

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S9999	<p>Continued From page 4</p> <p>R4's coccyx area, as well as two reddened areas near R4's gluteal folds. A clean incontinence brief was applied to R4. R4 was positioned in bed using pillows and left to rest.</p> <p>On September 23, 2015 at 8:45 AM, R4 was being fed a mechanically altered breakfast by E9 (RA). R4 was unable to feed himself.</p> <p>The POS dated September 1, 2015 for R4 shows diagnoses that include: vascular dementia with psychosis, depression, disorganized behavior, and behavior disturbance.</p> <p>R4's resident care plan dated September 1, 2015 shows, "staff transports resident via wheelchair, requires two-person assist with bathing/showering. Staff to assist with turning water on and off, getting in and out of shower, shampooing hair, washing upper and lower extremities and towel drying. Requires assistance with meals due to eating limitations and/or assistive devices; mechanical soft-chopped diet. R4 is totally confused, rarely/never understood: staff interprets body language, mumbles. R4 requires physical assist with brushing teeth/dentures, brushing hair, washing hands and face, shaving. Uses sit-to-stand mechanical lift for transfers.</p> <p>R4's care profile dated February 25, 2015 shows R4 is "incontinent of bowel and bladder, and needs full assist with shower, requires a mechanical lift for transferring during all transfers, uses a high-back reclining wheelchair for mobility, and hospice services."</p> <p>3.) R1 is no longer in the facility. Closed record review and interviews revealed the following information:</p>	S9999			

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S9999	Continued From page 5 The POS for R1 dated May 1, 2015 showed diagnoses that included: syncope, Parkinson's disease, dementia and coronary artery disease. Physical therapy notes for R1 dated April 14, 2015 shows, "patient presents with poor dynamic sitting balance, needs mechanical lift for transfers." The facility provided a level of care assessment completed on July 21, 2014. The level of care assessment shows the next assessment was due on January 17, 2015. On September 23, 2015 at 1:40 PM, E2 (RN/Health and Wellness Director) said a level of care assessment was never completed for R1 after July 21, 2014. We missed it, I take full responsibility for that. There is a care plan dated February 1, 2015, but the information on the care plan was based on the level of care assessed back in July, 2014." The facility's resident care plan for R1, dated February 14, 2015 shows R1 "Must use 4 person assist or sit-to-stand mechanical lift with any transfers; use wheelchair. R1 requires personal assistance with dressing and undressing, requires assistance to evacuate, requires assistance for mobility to and from meals, activities, beauty shop and/or common areas, mechanical soft diet with nectar thick liquids as of June 23, 2015, and 1500 cc (cubic centimeters) fluid restriction per day. Poor skin integrity: April 26, 2015 crack, right 4th toe, May 15, 2015 vascular ulcer right foot 4th interspace, July 13, 2015 left buttocks, July 20, 2015 pressure ulcer left buttocks. The facility's "Assisted Living Open Area Flow Sheet" dated July 13, 2015 shows R1 had a	S9999			

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S9999	<p>Continued From page 6</p> <p>Stage 2 pressure ulcer measuring 3 centimeters long by 1 centimeter wide by 0 centimeters deep on the left buttocks. Primary wound care provider: community. Current treatment: barrier cream applied. Endorsed to follow up getting an order for home health and inform power of attorney."</p> <p>On September 22, 2015 at 2:00 PM during interview and record review of the timeline for R1's left buttocks pressure ulcer, with E10 (District Director of Clinical Services) and E2 (RN), E2 said on July 13, 2015 at 5:00 AM, E11 (LPN-Licensed Practical Nurse) discovered R1's pressure ulcer and filled out the "skin flow sheet." On July 13, 2015 at 2:00 PM, the facility obtained an order from Z2 (MD) for home health. The facility's progress notes dated July 14, 2015 at 1:00 PM showed "Resident alert. To be seen by home health nurse this afternoon re: wound care to buttocks. Changed and kept dry this shift. Due meds given. All need attended to." The facility lacked documentation to show R1's wound was seen by the home health nurse on July 14, 2015. On July 15, 2015, the home health nurse identified a Stage 2 pressure ulcer on R1's left buttocks and a Stage 1 pressure ulcer on R1's right buttocks.</p> <p>The next documentation from Z1 (RN-Home health), provided by the facility was dated July 20, 2015. On July 20, 2015, Z1 (RN-Home health) documented on the facility's flow sheet: "left buttocks pressure ulcer, stage 3, measureing 9.0 centimeters long by 9.5 centimeters wide, by 0.1 centimeters deep. Moderate drainage of serosanguinous, yellow drainage. Surrounding tissue macerated, bruised, painful. Primary wound care provider: home health. Notified Z2 (MD) and spoke with physician assistant</p>	S9999			

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S9999	<p>Continued From page 7</p> <p>regarding wound status deterioration."</p> <p>The facility's interdisciplinary progress notes dated July 20, 2015 at 12:30 PM for R1 shows "resident wound to left inner buttocks and close to groin area noted to be draining yellow with blood minimal and strong odor noted. Residential Care Coordinator and Resident Care Director called over to look at wound. Also home health nurse came in to assess. Dressing done of wound, cleanser, pat dry, applied wound gel and border foam dressing covered. Barrier cream applied to redness. Also superficial coloring of small area noted to right heel. Wrapped with gauze around for heel protection and home health aware to order boots. Patient and resident assistant teaching done to be put down after meals to relieve pressure and repositioning too. Endorse to next shift."</p> <p>The progress notes dated July 21, 2015 at 10:30 AM showed Z3 (Advanced Practice Nurse) called to update her on wound stating she will come to visit resident today." At 12:20 PM "Z3 arrived and visited with resident. Assessed wound with an order to send to local hospital for treatment." The progress notes show R1 left the facility at 4:00 PM on July 21, 2015.</p> <p>On September 23, 2015 at 9:20 AM, Z2 (MD) said R1 was hospitalized for a pressure ulcer that deteriorated at the facility. "There was a lot of slough and necrotic tissue in there, and once the pressure ulcer was debrided, R1 was found to have a fairly advanced stage 3 to stage 4 pressure ulcer, which ultimately led to R1's demise. R1 had been bedridden for quite some time, and required assistance with all mobility. R4 could not function independently. Treatment of the pressure ulcer would have required a</p>	S9999			

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S9999	Continued From page 8 colostomy to divert stool away from the pressure ulcer, plus surgical repair of the pressure ulcer, and a lengthy treatment period. It is unfortunate, but the pressure ulcer ultimately led to his demise." The facility's policy entitled "Admission/Discharge Criteria Policy-AL" which "Applies to: Sheltered Care-Illinois, Effective date: June 1, 2010" shows: "Policy Detail: 1. Admission Criteria. The community may admit and retain older adults who meet the following criteria: ...d) Do not require 24-hour skilled nursing services except as permitted by state law. ...g) Demonstrates ability to bear full weight during transfers which may include assistance of walker or cane or other approved assistive devices. ...3. Discharge criteria. The community may discharge a resident based on the following criteria: ...g.) If the community determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the community which may include any of the following: 1) Incontinence, where the resident cannot, or will not, participate in management of the problem. 2) Immobility, where the resident requires total assistance in exiting the building. 3) Any ongoing condition requiring a two-person transfer and/or mechanical lift device." On September 22, 2015 at 8:35 AM, the facility provided a copy of the requested resident contract, outlining discharge criteria. The undated contract shows: "Upon less than twenty-one (21) days' notice. In addition, we may transfer or discharge you and terminate this contract with less than twenty-one (21) days written notice: ...d. Re-evaluation and termination. Please note the following conditions, among others, may lead to a re-evaluation and	S9999		

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S9999	Continued From page 9 termination of your residency....(xi) You are bedridden." 330.710a) 330.790a) 330.790c)1) Section 330.710 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.790 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340): 1) Guideline for Hand Hygiene in Health-Care Settings This Requirement is not met as evidenced by: Based on observation, interview and record	S9999			

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S9999	Continued From page 10 review, the facility failed to follow their policy for hand washing and perineal care. This applies two 2 of 4 residents (R3, R4) reviewed for incontinence care in the sample of 4. The findings include: 1.) On September 23, 2015 at 12:32 PM, E6 (RA-Resident Assistant) and E7 (RA) transferred R3 from the high-back reclining wheelchair back to bed, using the mechanical lift. E6 and E7 provided incontinence care to R3. E6 and E7 washed their hands with soap and water and donned clean gloves. E6 and E7 removed R3's pants and incontinence brief. E6 stated the brief was wet with urine. E6 and E7 turned R3 onto his left side and used a disposable wipe to clean R3's buttocks area. A dressing was adhered to R3's coccyx area, with the lower border loose and not adhered to R3's skin. E6 lifted the border of the dressing to reveal a stage 2 pressure ulcer on R3's coccyx." With the same gloved hands, E6 and E7 applied a clean incontinence brief under R3 and turned R3 onto his back. E6 and E7 removed their gloves and donned clean gloves without washing their hands. E6 used a new disposable wipe to clean R3's bilateral groin and scrotal areas. E6 and E7 applied the front of the incontinence brief for R3 with the same gloved hands. E6 and E7 removed their gloves, and without washing their hands, repositioned R3 in the bed, leaving his pants down at his ankles. E6 and E7 pulled up R3's blanket to his chin, gathered their belongings and then washed their hands with soap and water, before leaving the room. E6 said, "R3 is unable to assist with any of his care. He is incontinent and requires our assistance with all care." The facility's POS (physician's order sheet) dated September 1, 2015 for R3 shows diagnoses that	S9999			

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S9999	<p>Continued From page 11</p> <p>include: dementia, arthritis, incontinence, aggressive frontal lobe aphasia, pacemaker, and atrial fibrillation.</p> <p>R3's resident care plan dated June 4, 2015, shows R3 is "totally confused, is rarely or never understood, is severely impaired: never or rarely makes decisions, requires assistance for mobility to and from meals, activities, and/or common areas, requires physical assistance with brushing teeth/dentures, brushing hair, washing hands and face, shaving, requires assistance with continence needs, uses mechanical lift."</p> <p>2.) On September 22, 2015 at 12:48 PM, E6 (RA) and E8 (RA) used a mechanical lift to transfer R4 from the high-back wheelchair to bed. E6 said "R4 does not talk, and he does not help. He cannot feed himself, or dress himself, or bathe himself. He is bedridden if we don't get him up. He cannot get in and out of bed without our help." Once R4 was placed in bed, E6 and E8 provided incontinence care to R4. E6 and E8 washed their hands with soap and water and donned clean gloves. E6 and E8 removed R4's incontinence brief and cleaned R4's genital area. During the cleansing of R4's genital area, R4 was observed to urinate a large amount of urine. E6 cleaned R4's bilateral groin areas as well as the scrotal area with a disposable wipe. E6 removed his gloves and donned a new pair of gloves without handwashing. E6 and E8 turned R4 onto his right side. An area of excoriation was seen on R4's coccyx area, as well as two reddened areas near R4's right and left gluteal folds. E8 cleaned a small amount of brown stool from R4's rectal area with a disposable wipe. E8 continued to clean R4's buttocks and between R4's legs with numerous disposable wipes. E8 removed the soiled gloves and donned a clean pair of gloves</p>	S9999			

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NAME OF PROVIDER OR SUPPLIER BROOKDALE HOFFMAN ESTS GOLF RD	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 12</p> <p>without performing handwashing. E8 applied barrier cream to R4's buttocks. E8 removed her gloves and donned another pair of gloves, again without handwashing and placed a new incontinence brief on R4 and a new incontinence bed protection pad under R4 with the same gloved hands. E6 and E8 removed their gloves and repositioned R4 in the bed. Both E6 and E8 gathered their supplies and washed their hands with soap and water. Incontinence care was completed at 1:00 PM.</p> <p>The POS dated September 1, 2015 for R4 shows diagnoses that include: vascular dementia with psychosis, depression, disorganized behavior, and behavior disturbance.</p> <p>R4's resident care plan dated September 1, 2015 shows, "staff transports resident via wheelchair, requires two-person assist with bathing/showering. R4 is totally confused, rarely/never understood: staff interprets body language, mumbles. R4 requires physical assist with brushing teeth/dentures, brushing hair, washing hands and face, shaving. Uses sit-to-stand mechanical lift for transfers."</p> <p>R4's care profile dated February 25, 2015 shows R4 is "incontinent of bowel and bladder, and needs full assist with shower, requires a mechanical lift for transferring during all transfers, uses a high-back reclining wheelchair for mobility, and hospice services."</p> <p>The facility's policy entitled "How to: Hand Washing - Associates" revised June, 2014 shows: "1. A minimum twenty (20) second hand washing should be performed in situations including but not limited to: Whenever hands are obviously soiled, after handling used dressings,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/23/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE HOFFMAN ESTS GOLF RD		STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194			
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S9999	Continued From page 13 urinals, bedpans, catheters, contaminated tissues, linen, etc. After offering incontinence care. After contact with blood, urine, feces, oral secretions, mucous membranes, or broken skin. After handling items potentially contaminated with any resident's blood, excretions, or secretions. ...3. The use of gloves does not replace hand washing." (B)	S9999			